

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being submitted *via* the USPTO EFS Filing System on the date shown below to **Mail Stop AF**, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Date: April 11, 2008

/Jessica Sexton/
Jessica Sexton

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:

Applicant(s): Alain T. Rappaport

Examiner: Rachel L. Porter

Serial No: 09/591,769

Art Unit: 3626

Filing Date: June 12, 2000

Title: METHOD, APPARATUS AND SYSTEM FOR PROVIDING HEALTH INFORMATION

**Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

REPLY TO FINAL OFFICE ACTION DATED FEBRUARY 25, 2008

Dear Sir:

Favorable reconsideration of the above-identified patent application is respectfully requested in view of the following comments.